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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 62

SERIAL NUMBER 09/827,219	FILING DATE 04/05/2001 RULE	CLASS 455	GROUP ART UNIT 2645	ATTORNEY DOCKE NO. CE08311R
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### APPLICANTS

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Wesley Stuart Jones, Palatine, IL; Raymond M. Liss, St. Charles, IL;  
Timothy L. Moran, Island Lake, IL;  
Howard Nodell, Buffalo Grove, IL;  
Shmuel Silverman, Buffalo Grove, IL;  
Bruce Martin Wiatrak, Bolingbrook, IL;

### \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/195,723 04/07/2000

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	DRAWING 7	CLAIMS 29	CLAIMS 6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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### TITLE

Communication network and method for providing surveillance services

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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CONFIRMATION NO. 6206

Bib Data Sheet

SERIAL NUMBER 09/827,219	FILING DATE 04/05/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. CE08311R
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**APPLICANTS**

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 Robert Gerald Hug, Naperville, IL;  
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 Howard Nodell, Buffalo Grove, IL;  
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 Bruce Martin Wiatrak, Bolingbrook, IL;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/195,723 04/07/2000 yes or

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** none or**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/16/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	IL	7	29	6
Verified and Acknowledged	<i>Ondra P. Salazar</i> Examiner's Signature	Initials			

**ADDRESS**

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**TITLE**

Communication network and method for providing surveillance services

FILING FEE RECEIVED 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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